

Figure 10

CCAF Form 3, Request for Official Transcript

REQUEST FOR OFFICIAL TRANSCRIPT

(CIVILIAN EDUCATIONAL INSTITUTION OR COMMUNITY COLLEGE OF THE AIR FORCE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; Powers and Duties. **PURPOSE:** Used for positive identification.

ROUTINE USES: Will not be released outside the Department of Defense. **DISCLOSURE:** Voluntary. However, failure to provide requested information will invalidate request.

Complete request for the institution that awarded your highest degree. If nondegreed, complete a separate request for each institution attended. **NOTE: If college campus attended is overseas, include exact location and complete address.**

PLEASE PRINT OR TYPE

NAME OF COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES & LOCATIONS OF ATTENDANCE: _____

GRADUATION DATE: _____ DEGREE RECEIVED: _____

STUDENT NAME: Last _____ First _____ MI _____

MAIDEN NAME (Or other names used): _____

STUDENT SSN: _____ DATE OF BIRTH: _____

CCAF AFFILIATE SCHOOL/CURRENT UNIT OF ASSIGNMENT: _____

AUTHORITY TO RELEASE INFORMATION

I request and authorize you to furnish the Community College of the Air Force with an official transcript of my student record. This transcript will become the property of the U.S. Air Force for the use in my instructor record as required by the Community College of the Air Force's regional accreditation association.

INSTRUCTOR SIGNATURE

DATE

CCAF USE ONLY

STARS UPDATE ☐ YES ☐ NO

DATE SENT TO COLLEGE:

DATE RECEIVED AT CCAF:

DATE SENT TO UNIT: